**EDPE 346 Study Notes:**

**Question Set A.**

**Question 1: What do you understand to be the role and value of Health Education in the broader school curriculum?**

The role of health education is to help students develop the knowledge, understanding and skills including health literacy competencies, values and attitudes to support them to be resilient, to strengthen their sense of self and to enable to them to make conscious and positive health decisions and lead happy, healthy and fulfilling lives. Health education provides a foundation for developing in students, the capability to manage the interactions between themselves and their social, cultural and physical environments. Health education also provides a means by which effective and contextual policies, procedures and plans can be established, further reinforcing positive values and health messages. The value of health education is that it embraces the notion of educating the whole child as it is inclusive of social, mental, physical and spiritual health. As health education is provided in partnership with parents, the wider community and specialist organising, positive health messages are extended beyond the school boundaries, encouraging all citizens to make more optimal lifestyle choices; the value being a more healthy, well balanced and productive society.

**Question 2: What are the benefits of a whole-school approach to student learning in Health Education?**

A whole- school approach provides students the opportunity to collaborate with teachers, parents and the wider community in the writing of school policies. In doing so, research suggests that students are more compliant with the policies and practices because the team effort gives them a greater sense of importance. A whole school approach encourages the school community to think creatively and broadly in terms health education and to improve health education so it is more relevant to the lives of the students and the context of the school. Students benefit from the knowledge, experience and example of older students, teachers and community members, and the importance of health education is reinforced by the sharing of information and knowledge with the wider community and partnerships with community organisations. By adopting a whole-school approach, students are more capable of making informed and optimal decisions regarding the health and well being of themselves and others and because the needs of each student is considered, they are more likely to feel like valued members of the school. Research suggests that a whole school approach to health education is crucial for the development of interpersonal relationships in which students value difference and respond to others as individuals.

School’s that embrace the whole school approach to health education gain a certain sense of pride and accomplishment because the concept is based on interaction, collaboration and working partnerships with the aim of creating a healthy, happy and productive school environment.

**Question 3: What do you understand to be the Health Promoting Schools concept?**

The Health Promoting Schools concept, is a whole school approach to promote, deliver and achieve positive health and education utilising 3 interconnected components

* Curriculum, teaching and learning
* School organisation, ethos and environment
* Partnerships and services

The first component focuses on the planned teaching and learning that occurs in schools. Teachers contribute to Health Promoting Schools by involving students and other school community members in curriculum planning, by devising integrated curricula and taking advantages of the potential links with other school activities, resources, services and policies.

The second component focuses on the physical and social environment of the school. It is about schools providing a safe, stimulating and fun place for students to play, learn and develop, whilst encouraging relationships based on caring, respect and cooperation. The school environment should strongly discourage harassment, discrimination and intimidation. A positive physical and social environment can be achieved through fair and consistent application of school rules and policies, working collaboratively and having a transparent decision making process, having policies and procedures that are produced within the context of the school and wider community that recognise the needs and interests of the entire school community and by simply having an environment that is safe and friendly for all.

The third category emphasises the importance of partnerships and relationships within the school, and with the wider community. To maximise partnerships, it is vital that families are included in the decision making process, are included in the development of policies and procedures and that families and the wider community are recognised and included in school activities, programs, development of the school curriculum and extra curricula initiatives.

The Health Promoting School’s concept, acknowledges a key point that learning is more productive when the students and the learning environment is a happy and healthy. It also acknowledges the fact that much of Australia’s ill health is preventable if people adopt a healthy lifestyle and that education from a young age is a step towards relieving this type of burden on Australia’s healthcare system.

**Question 3: What do you understand to be the Health Promoting Schools concept?**

The World Health Organisation (WHO, 1986) started the Health Promoting Schools movement (Queensland Health, 2001, p. 19).

A health promoting school demonstrates a whole-school commitment to improving and protecting the health and well-being of the school community and uses a health promoting school approach.

This approach is collaborate work between the school community and the school as they work together using a health promoting schools framework to plan and deliver positive and comprehensive school systems, environments, programs and activities (Queensland Health, 2001, p. 12).

According to McCuaig (2006, p. 61) the Health Promoting Schools framework comprises of three major components:

- Curriculum, teaching and learning (what is taught and how it is taught);

- School organisation, ethos and environment (physical and social environment);

- Partnerships and services (3 settings)

With these components in mind, the school and wider community are able to improve and develop health and overall motivation to learn. As said by Vialle, Lysaght & Verenikina (2005, p. 156), motivation is contagious. Motivation gets us going, gives people energy and directs students and teachers toward goals. McCuaig (2006, p. 62) describes students learn best when they are healthy and happy.

**Question Set B**

**What is the purpose and structure of the NSW Primary Curriculum Foundation Statements?**

The purpose and structure of the NSW Primary Curriculum Foundation Statements is to show educators and even parents what skills, knowledge and outcomes should be achieved by students after learning a particular unit, at each stage of their learning. It allows teacher to program each unit as clear outlines of what fundamental skills are required and when it is required. Creates a benchmark. It allows the teacher to set assessment tasks as give clear indications of where students should be at, as advised by the board of studies who sets the given curriculum. It allows the teacher to be able to report on the student, as they will have clear outlines of what the student actually achieved.

**What is the nature (key concepts and content) and scope (breadth, depth and rigour) of learning in Kindergarten to Year 6 in the broad strand of the PDHPE key learning area known as Healthy Choices?**

**Which model of health behaviour makes most sense to you as a planning framework for the Healthy Choicesbroad strand of the PDHPEK-6 syllabus?**

The model of health behaviour that makes the most sense to my self for planning a framework for the Healthy Choice strand of PDHPE K-6 syllabus is Theory of Reasoned Action (TRA) as this just not explains all health behaviours, but also provides a framework to study attitudes toward behaviours. This module is used as it ensures that the goals and objectives of the program are consistent with the stages, and abilities of the students. It also allows for the attitude, beliefs, behavioural intention and behaviour to be set up as a conceptual framework. I also believe that this is not the best one in exclusivity, but an integration of several models is possible and likely. I came to this conclusion after reading about several models of health in Mackenzie 1993. It also fits in with the description of the healthy Choices Module…

Health Belief Model - The Health Belief Model assumes that a person’s action in response to a health issue depends upon the following key factors:-

**Perceived Susceptibility** - e.g. A persons belief in the likelihood of contracting a disease

**Perceived Severity** – e.g. A persons belief that contracting the disease may result in harsh health consequences

**Perceived Barriers** – e.g. A persons belief in the costs (psychological or material) that limit a person to carry out the necessary health related measures.

**Perceived Benefits** – e.g. A persons belief of individuals in the value of adhering to health related measures to prevent or reduce the illness or disease.

- Students must have incentive to take action against health related issues.

- Students need to understand that they are vulnerable to serious health problem (susceptible)

- Students need to believe that change of a specific kind will be beneficial by resulting in a valued outcome at an acceptable cost (overcoming barriers).

- Students MUST feel competent to implement change.

- Teachers have the ability to get to ‘know’ their students and understand their perceptions of health matters e.g. unprotected sun exposure. These perceptions could include: personality, social class, ethnic groups, religion etc. Furthermore, a teacher can gain an understanding of how threatened/vulnerable student feels about a disease e.g. skin cancer and how serious the students think this disease is.

- Teachers have the ability to change students behaviours towards unprotected sun exposure by developing students understanding of the benefits of wearing sunscreen, hats and playing in the shade. In order for the student to carry out the measures to lessen the impact of skin cancer, they need to have the perception that there is greater benefits than costs/barriers.

As a Healthy Promoting School, schools can work towards changing students perceptions towards skin cancer by:-

- introducing the policy ‘no hat, no play’.

- have procedures for dealing with students who repeatedly refuse to wear a hat

**-** raising awareness of skin cancer through newsletters, posters etc.

**Social Cognitive Theory (SCT)**

SCT makes most sense to me as a planning framework for the *Healthy Choices* broad strand of the PDHPE K-6 syllabus. SCT describes learning as a reciprocal interaction between the individual's environment, cognitive processes, and behaviour (Parcel, 1983).

According to SCT, reinforcement can be accomplished in one of three ways; directly, vicariously, or through self-management.

* Direct reinforcement i.e verbal feedback for a job well done!
* Vicarious reinforcement: A form of modelling - having the participants observe someone else being reinforced for behaving in an appropriate manner.
* Self-management - keep records of their own behaviour, and when the behaviour was performed in an appropriate manner they would reinforce or reward themselves.

In addition to the latter constructs dealing with reinforcement, SCT has other constructs applicable to health promotion. Depending upon the type of learning that is facilitated at one time, not all constructs will apply and program planners will find some constructs may be more useful than others. **(McKenzie 1993)** Those constructs identified by Parcel and Baranowski (1981) include; behavioural capability, expectations, expectancies, self-control, self-efficacy, emotional-coping responses, and reciprocal determinism. I believe each of these constructs are relative when planning for health in education for example:

* Self-efficacy is highly regarded in health promotion programs. (Strecher, DeVellis, Becker & Rosenstock, 1986). Self-efficacy refers to an individual’s competency in performing a task or certain behaviour.

Individuals become self-efficacious in four main ways:

(1) through performance attainments (personal mastery of a task);

(2) through vicarious experience (observing the performance of others);

(3) as a result of verbal persuasion (receiving suggestions from others); and

(4) through emotional arousal (interpreting one's emotional state).(Mckenzie 1993)

* The construct of Emotional-coping responses states that for a person to learn, she must be able to deal with the sources of anxiety that may surround a behaviour for example, fear is an emotion that can be involved in learning; according to this construct, participants would have to deal with the fear before they could learn the behaviour. (McKenzie 1993)
* The construct of Reciprocal determinism, unlike SR theory, is an interaction among the person, the behaviour, and the environment, and that the person can shape the environment as well as the environment shaping the person. *All* these relationships are dynamic.

Mckenzie (1993)

**Question Set C**

**What is health literacy?**

- HL refers to the knowledge and skills required to understand and use

information relating to health issues.

- HL is a measure of a person ability to find, understand and apply health information/

- HL involves knowledge of bodily functions, sings of poor health and how and where to seek information

- It encompasses the ability to access health information and interpret conflicting advice critically, navigate the health care system and communicate effectively on health related matters.

- HL supports people in better understanding their health and making decisions.

- HL is defined as the knowledge and skills required to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies and staying healthy.

- HL means placing ones own health and that of ones family and community into context, understanding which factors are influencing it and knowing how to address them.

- HL is linked to literacy and entails peoples knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgments and make decision in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.

- HL can be seen as a part of an individuals development towards an improved quality of life.

- The concept of HL applies to questions of health, wellbeing, safety and participation in physical activity.

**How will you improve the health literacy of primary school-aged children?**

- Teach the knowledge of bodily functions, signs of poor health and how and where to seek information

- Teach were to access health information and how to interpret conflicting advice.

- Improve communication skills

- Discuss health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies and staying healthy.

- Address factors that are influencing the communities health.

- Develop HL enhancing interventions

- Be a ‘health promoting’ school

- Focus on individual skills to obtain, process and understand health information and services necessary to make appropriate health decisions.

- Teach the main components of HL: cultural and conceptual knowledge, listening, speaking, arithmetical, writing and reading skills.

- Teach the following skills:-

- ACCESS: the ability to seek, find and obtain health information

- UNDERSTAND: the ability to comprehend the health information that is accessed

- APPRAISE: the ability in interpret, filter, judge and evaluate the health information that has been accessed.

- APPLY: the ability o communicate and use the information to make a decision to maintain and improve health.

- Teach students o source and examine a range of health information, products, services and policies and evaluate their impact on individual and community health, wellbeing, safety and physical activity.

- Develop students effective communication, decision-making and goal setting skills to help establish and maintain relationships in family, school, peer groups and community settings, support healthy and safe behaviours and enable advocacy and action.

- Address mental health promotion: including developing skills to be resilient, coping strategies, early help seeking, developing and navigating networks of support, supporting and advocating for others.

- Introduce specific terminology used in health and physical activity contexts. Students will understand the language used to describe health status, products, information and services and will be able to analyse messages in order to identify accurate and reliable sources of advice and support.

**What is Health Literacy?**

Health literacy is cornered with the ability of people to meet and understand their own health needs. Health literacy is about knowing what factors influence ones own health and how to address these factors as well as address current health issues. These issue can include an array of different health areas such as, drugs and alcohol, emergency procedures, first aid, disease prevention and treatment, accident prevention and healthy lifestyle choices.

There are many negative effects to people who have never gained a high level of health literacy, for example, not seeking appropriate medical attention or not understanding dosage instructions. While some of these effects don't sound too disastrous there are many situations where not having basic health literacy skills can be deadly, for example, overdosing on a prescribed medicine, or ignoring severe medical signs and not seeing a doctor until it is to late.

Apart from health literacy skills assisting when a person is actually sick, they can also help to prevent any medical concerns from even happening, for example, by understanding the risks involved and the factors that cause type 2 diabetes a person with a high level or health literacy may make changes to their life in order to prevent the disease before it becomes a problem.

**References**

Sorensen, Van den Broucke, Fullam, Doyle, Pelikam, Slonska & Brand (2012) *Health literacy and public health,* Retreived from http://www.biomedcentral.com/1471-2458/12/80

**How will you improve the health literacy of primary school-aged children?**

The Shape of the Australian Curriculum paper states that Health literacy will be a key area of focus of the new national curriculum in order to assist students in making decisions that enhance their health and wellbeing. In order to ensure this focus is met teachers need to explicitly program and plan learning sequences that meet the needs of teaching Health Literacy.

Teachers need to create programs which enable students to learn, practice and apply knowledge. Learning sequences need to provide students with opportunities to gain understanding and skills necessary to not only maintain their own health, but assist others in maintaining health and wellbeing. Programs and learning activities also need to provide opportunities for students to practise using these skills in real world situations that may require them to access, evaluate, make decisions, seek help and advocate for their own and others health and wellbeing.

It is important to realise that there is an currently abundance of 21st century technology in which students can gain information, for example, the internet, smart phones and smart phone aps. Whilst this technology provides access to health information it is the responsibility of teachers to ensure students know how to access, validate and respond to health knowledge from this large array of 21st century information devices. Students need to learn that just because it is written on the internet doesn’t make it true, nor does it mean they don't need to seek face to face medical assistance.

The Australian curriculum recognise the importance of a strength based approach to teaching PDHPE. A strength based approach recognises that students come into HPE lessons wanting to be healthy, to participate and learn. It is essential that teachers use this positiveness to create learning sequences that are interesting and relevant to their lives so they want to continue to learn. Every child has competencies, visions and hope for their health. Get to know your students, understand what they bring to the classroom and use this as a building block for future learning.

Finally, it is important to recognise and teach a preventable health agenda. This preventative health agenda will empower students as they can see that it is not doom and gloom. They have choices in their lives and if they make the right choices they can stay happy and healthy. This will assist motivation in students and will encourage them to continue their life long journey to maintain health literacy once they have left the classroom.

**Reference**

ACARA. (2012). The *Shape of Australian Curriculum: Health and Physical Education* retrived from http://www.acara.edu.au/hpe.html

**Question Set D**

* **What do you see as "take home messages" for teachers in the following quote?**

**“Entry into primary school stimulates cognitive development. During the early primary grades, children gain new skills for processing complex information and developing new solutions for challenging academic and real-life problems. We note the significant changes in attention span and focus, memory, reflection, executive control and decision-making that take place over the period from age six to age 12”**